

Company Name

COMMONWEALTH OF MASSACHUSETTS Office of Consumer Affairs and Business Regulation DIVISION OF INSURANCE

P.O. Box 370038, Boston, MA 02241-0738

http://www.doi.state.ma.us

APPOINTMENT/TERMINATION FORM ADOPTED BY THE NAIC REGULATORY SERVICES (G) TASK FORCE ON 12/9/02

Address										
City, State, Zip										
Company contact telephone number ()			Appoint		Termina	te				
SSN or FEIN	NP # National Producer Number	State Specific Producer Number	Producer Name	License Type	Line(s) of Authority	County (FL Only)	NAIC #	State Specific Company Number	Effective Date	C
E. t.:		11	sta ar all tarminations	•						•

Entries on the form must be either all appointments or all terminations

NAIC # - Use NAIC-issued 5-digit company number

Effective Date – Use mm/dd/yyyy format

C - Mark this column only if the termination is "for cause." A termination is "for cause" when an insurer ends its agency relationship with a producer for one of the reasons specified in M.G.L. c. 175, § 162R. Additional written documentation must be submitted to the Division of Insurance in accordance with the requirements of M.G.L. c. 175, § 162T.